

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028041

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 6 1963

## 1. PLACE OF DEATH

a. COUNTY **Harrison**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Bethany**

Length of stay in 1b  
**12 yrs**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Reid Hospital**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Harrison**

c. CITY OR TOWN **Bethany**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**920 Brush Street**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
**Oliver Noah Robertson**

4. DATE OF DEATH  
Month Day Year  
**August 1 1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**1-29-1873**

9. AGE (last birthday)  
**90**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farm Tenant (Ret.)**

10b. KIND OF BUSINESS OR INDUSTRY  
**Farm**

11. BIRTHPLACE (City and state or country)  
**Harrison County, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**William Robertson**

13b. MOTHER'S MAIDEN NAME

**Martha Vincent**

14. NAME OF HUSBAND OR WIFE

**Sarah Elizabeth Robertson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT  
**Sarah E. Robertson**

Address  
**920 Brush St. Bethany, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**UREMIC POISONING**

INTERVAL BETWEEN ONSET AND DEATH  
**5 DAYS**

DUE TO (b)

**PYELONEPHRITIS**

**8 WEEKS**

DUE TO (c)

**CONGESTIVE HEART FAILURE**

**6 MONTHS**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1-9-61** to **8-1-63** and last saw him alive on **8-1-63**.  
Death occurred at **9:50** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**H. J. Scamham D.O.**

22b. ADDRESS  
**Bethany, Mo.**

22c. DATE SIGNED  
**8-2-63**

23a. BURIAL CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**4 Aug 1963**

23c. NAME OF CEMETERY OR CREMATORY  
**Oakland Cemetery**

23d. LOCATION (City, town, or county) (State)  
**Harrison County, Missouri**

24. FUNERAL DIRECTOR

**W. George Noble**

Address  
**Bethany, Mo.**

25. DATE RECD. BY LOCAL REG.  
**8-3-1963**

26. REGISTRAR'S SIGNATURE  
**Gella Mayes**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0411  
2 0411  
3 2  
4 0  
5 1  
6  
7 0  
8 2  
9 434.1  
10  
11  
12 2-2  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William George Noble*

Licensed Embalmer No.

*4987*

P. O. Address

*Bethany, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.